

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIV.

THURSDAY, APRIL 4, 1861.

No. 9.

ON A CASE OF DIABETES MELLITUS, TREATED BY DR. CHAMPLIN'S MODE, WITH REMARKABLE RESULTS.

By AUGUSTUS A. HAYES, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of disease in this case was a highly respectable, active gentleman, of middle age and full physical development. His own account follows:—

"Last May (1859), I had a severe attack of diabetes, the quantity of urine passed in twenty-four hours varying from five to eight quarts; specific gravity, 1.044 to 1.052. I was so much reduced, physically, by the 1st of July, that my physicians pronounced the case incurable. Dr. Meigs, of Philadelphia, recommended a trial of Dr. Champlin's bran cake (*Braithwaite's Retrospect*, No. 35, page 303), prepared from washed bran of wheat, ground fine, and made into a cake with eggs, butter and milk, as part of my diet.

"This course at once checked the disease, and since the 1st of August I have passed one quart, eleven ounces of urine, reduced sometimes to one pint, four ounces, per diem; specific gravity, 1.019 to 1.028."

A correspondence was commenced with this gentleman, and in reply to my questions further details were given, and six specimens of his urine, weighing about four ounces each, were carefully sealed, and sent to me in perfect condition, for chemical analysis.

"I voided during twenty-four hours (7, A.M. to 7, A.M.) 1 pint, 7½ ounces; it is seldom that more than two pints are passed, and for the last thirteen days the average is 1 pint, 8 ounces. The greatest quantity voided in twenty-four hours, since I have been eating bran cake, is 3 pints, 13 ounces, and that was only on one day, when the bran cake had been omitted for ten days. Four or five opium pills each day had been taken for three months, but now for nearly three weeks no opium has been required. On the day after passing the increased amount of urine, I re-commenced the use of bran cake, and the bulk was reduced to 1 pint, 6 ounces; specific gravity, 1.022. Both strength and general health have improved."

VOL. LXIV.—No. 9

As the details of daily observations would occupy some space, I have condensed them, by averaging the volume and specific gravity of the urine, and dividing into periods the time; in order to exhibit the influence of the bran cake, which formed a large part of the food taken at some meals, but was omitted on some days.

Before adopting the bran cake as a remedy, there are observations on the twelve preceding days, including the 7th of July, and the average quantity of urine passed daily was *nine pounds and six fluid ounces by measure, the specific gravity being a mean of 1.045.*

On the evening of the 7th of July, the first portion of bran cake was eaten, and on the 8th, after the lapse of only twenty-four hours, the marked effect was, a reduction of the volume of the excretion to only *two pounds, eight fluid ounces, the specific gravity being 1.030!*

During the following eleven days, the average amount of urine passed was two pounds, two fluid ounces, daily; specific gravity, 1.029. About thirty-six days ensuing were spent near the seashore, and no observations are recorded; but the beneficial effect of change and climate was rendered evident in increased strength.

On the 26th of August, the record indicates that the progress of the disease had been checked, and for six days, including the 31st, the volume of urine passed was two pounds, one and one half fluid ounces; mean specific gravity, 1.026.

In the month of September, a surgical operation, unconnected with the disease, was performed, and depression following, the patient remained in bed; the bran cake was not continuously used as food for eleven days. The average daily amount of urine for the whole month was two pounds, one and one tenth ounces.

About the 22d of September, being much improved in health, various articles of farinaceous food were taken, with beverages.

During the month of October, observations were continued on twenty-six days, and the mean volume of urine passed was *one pound, twelve fluid ounces; specific gravity, 1.281.*

The variations in quantity on different days of this and the preceding month, were not greater than we observe usually, where good health prevails.

On the 27th of October, my correspondent wrote, that he intended to state that his diet was not such as would be considered farinaceous. "I have not eaten any vegetables, excepting cabbage, beans and tomatoes two or three times, for three months. My diet is nearly all meat, for the bran cake is so tasteless I eat as little as possible of it, and then spread on butter to nearly the thickness of the cake. I also eat eggs freely, but avoid fruits and sugar."

Subsequently, I have learned that restoration to good health has followed, and that the patient is conducting his business travels, and is exposed to fatigue and irregularities, such as only persons enjoying good health could endure. He eats the bran cake

when any indication of disease appears, but at other times varied food, regularly or irregularly, without suffering.

The samples of urine received here, were carefully examined both as distinct specimens, and after being mixed in equal volumes, in order to increase the amount of fluid to be analyzed.

*Analytical Trial.*—(Sample No. 1.) Characters:—A clear fluid of the usual color of healthy urine, which had deposited a deep, nankin-colored precipitate as a fine powder. The fluid was decidedly acid, and when mixed with sulphuric acid in a diluted state, exhibited the darker brown tint ordinarily observed, when lithic acid is present. The deposit was lithate of soda, colored by the coloring matter of urine, and a small portion of phosphate of lime engaged with the lithate of soda, as is generally the case. Varied and numerous experiments demonstrated the absence of glucose or diabetic sugar, nor could any of that class of bodies be found. Specific gravity, 1.025 when voided. It was 1.038 at 60° Fah. In this connection, it may be stated that all the numbers representing the specific gravity as above given are doubtless erroneous in the same proportion; but as the additional amount of solid matter thus indicated, was present in the urine before the diet was changed, the relation relatively remains the same. In pursuing the inquiry into the chemical composition of the urine, it was found that the specimens differed no more than is usual in time divisions of that which is passed in twenty-four hours, and accordingly the analysis was performed on a mixed portion.

The first abnormal condition observed was that of an excessive amount of urea as a constituent. So large was the proportion of this body, that when pure concentrated nitric acid was added in quantity sufficient to form nitrate of urea, the bulky crystals produced in the lapse of an hour absorbed the fluid and permitted the vessel to be inverted without loss of its contents.

Urate of soda was present as an acid salt; the indications of free uric acid did not demonstrate its presence.

1000 parts, by weight, of the urine afforded solid matter, which, dried at 212° Fah., weighed 71.62 parts.

1000 parts, by weight, consisted of

Water obtained . . . . .	929.412
Urea . . . . .	52.000
Urate of soda . . . . .	1.650
Phosphoric acid . . . . .	3.617
Sulphuric acid . . . . .	2.884
Chlorine . . . . .	3.697
Soda and potash . . . . .	2.920
Lime and magnesia . . . . .	1.610
Undetermined animal extract . . . . .	2.210

Total . . . . .	1000.000
-----------------	----------

70.588 parts of dry matter were obtained in the analysis; a mere trace of ammonia was detected, besides the bodies named. The animal extract was colored, freely soluble in water, which it

rendered consistent without being gummy, and it resembled generally the mixed product of the decomposition of gelatinous tissues by putrefaction. I have often found the same substance in urine containing urate of soda in excess of the normal amount.

In the case here presented, there are two features which are worthy the attention of the physiologist:—

1st. The extraordinary rapidity of action induced in the system by a substance (washed bran) in which chemists have not detected any active principle; resembling, in this respect, the influence of powerful medicaments, and yet, so far as is known, acting as an absorbent slowly.

2d. A chemical change in the nature of the constituents of the urine, denoting that disease in rapid progress was arrested, and the excretory matter (glucose) usually found, replaced by a substance of animal organic composition; indeed, most highly azotized.

The beneficial effects of Dr. Champlin's mode of treatment have been fully developed in this case, and if the hitherto incurable attacks of diabetes can be prevented by so simple means as he has pointed out, he has not only conferred a great boon on suffering humanity, but opened a new field of research to the pathologist and physiologist.

16 *Boylston Street*, 5th March, 1861.

MESSRS. EDITORS,—To the above very important case, reported by the patient with unusual detail and accuracy, with the comments by Dr. Hayes, which he has furnished at my request, I would add, briefly, the following, which was treated by me at the Massachusetts General Hospital.

Yours, &c.

*Boston*, March, 1861.

AUGUSTUS A. GOULD.

J. G., plasterer, æt. 36. Jan. 14, 1860. Always well and hearty. A year ago noticed that he was very thirsty, had pains in loins on exercise, and restless nights. Mouth parched, skin dry, not perspiring on hard work; has lost much flesh and strength; drinks from one to two pailsful of water daily, and thinks he passes about the same quantity of light-colored urine; appetite ravenous.

He was put upon a diet of meat and ship bread, had a vapor bath twice a week, and sundry tonics and laxatives, as occasion required, were given. He generally sweat after bath, and the thirst was somewhat diminished. The report of Feb. 8th was, "drank O.xij. and passed about O.xij. of urine." On the 11th, it was stated that the urine gave a good deal of sugar; on the 22d, that he had drunk 7 quarts and passed 8 to 10 quarts; 28th, in bed, much disquieted, nausea, weakness of knees and pain in lumbar region; some difficulty of vision. March 12th, reports 6 quarts of urine in twenty-four hours; drink about the same; 16th, no marked change. 28th, urine nearly colorless, acid, sp. gr. 1.036; a small deposit of torula; sugar in tolerably large amount.

April 6th.—Began the bran cake, which he was to use exclu-



sively as a vegetable, with meat at pleasure. Urine, specific gravity, 1.036; quantity, 5 quarts. At the end of twenty-four hours, specific gravity, 1.030; quantity, 3 quarts; drank 3 quarts. April 16th.—Sugar, 4 per cent., or 301 grains to the pint.

A regular daily account of the drink and urine, with the specific gravity, was kept from April 6th to 28th. The card bearing the record of quantities was unfortunately lost; but the record states, in general, that the amount of drink and urine was nearly the same, and was usually 3 or 4 pints in twenty-four hours; on the last day it was reported 1½ quarts. The specific gravity for the five days previous to the diet averaged 1.034; for the next eight, 1.028; for the remaining fourteen, 1.033. The patient rarely rose in the night, there was no more than ordinary thirst, and he gained flesh and strength rapidly. After the first fortnight he was not overscrupulous about his diet, and was often known to partake of bread puddings and other tempting dishes. This, no doubt, accounts for the increased density of the urine at this latter period. At last he became so insubordinate that he was reprimanded, and absconded May 6th.

Incomplete as the case is, and unreliable as the patient was, the influence of the bran cake was very decided; and in connection with other reported cases, affords encouragement under this treatment, or treatment based upon the same principle.

---

---

SOME INQUIRIES INTO THE PATHOLOGICAL CONDITIONS OF THE CHEST THAT YIELD TYMPANITIC PERCUSSION SOUNDS.

BY D. D. HANSON, M.D., HARTFORD, CT.

[Communicated for the Boston Medical and Surgical Journal.]

THE question involved in these inquiries does not relate to the pathognomonic resonance of pneumothorax and pulmonary cavity, but to a more sharp and metallic percussion sound sometimes detected when symptoms of pneumonia, pleurisy, or both, are manifest. Whether such sounds can be communicated in any stage of these complaints, has not been so fully discussed as to give a well-defined conviction in the minds of the profession, and, when they occur in these complications, cannot fail to perplex and confuse the diagnosis. In giving the physical signs of these two diseases, standard authors teach us to expect dulness over the affected part, in pneumonia, which increases to complete flatness, as infiltration goes on, from partial to complete consolidation; in pleurisy, after effusion commences, the region occupied by the fluid yields the same dulness, increasing to complete deadness as the effusion advances. In the one case, the lung is presumed to become consolidated from infiltration within its tissues; in the other, the organ is supposed to collapse from the pressure of the effusion from without. In both cases, the percussion dulness advances to flatness, *pari passu*, with

the progress of the disease. How far these views are correct, and where important fallacies may occur, will appear, should it be found that, in the first stages of pneumonic and pleural effusions, in some positions of the patient, the percussion sound, instead of being more dull, is actually sharper and clearer. The following case illustrates this point.

Mr. Lamb, Main St., was found, Jan. 11, 1861, confined to his bed, having taken a chill six days previously, followed with febrile excitement, harassing but dry cough, and pain and oppression in chest; pulse 96; tongue covered with white coating. Over the lower posterior part of the right lung, a small space yields complete dullness on percussion; murmur over same region suppressed, but bronchial respiration not evidently present. The lower and anterior part of the left lung gives no murmur, but a *sharp, clear tympanitis, both in the horizontal and erect position*; posteriorly, the respiratory murmur is faintly audible, and resonance less sharp and dense. As this case advanced, and resolution established crepitation, this tympanitis declined to the normal resonance.

In this case we have lobular inflammation of the right lung in the second stage, and a milder but more extensive inflammation of the left, with partial infiltration. The *hepatization* in the right lung gives complete percussion deadness; the *partial* consolidation of the left yields a sharper and clearer resonance than in health. But it will be seen that the lung, when partially consolidated from any cause, will yield a denser and clearer sound in consequence.

Mr. Archibald, Queen St., in February, 1858, called me in haste, and informed me that, about five days previously, he was attacked with chills, soon followed by a piercing pain near the left nipple, with cough and marked febrile excitement. He lay supine and completely horizontal, not so much as a pillow or bolster beneath the head or shoulders; an approach to the sitting posture threatened asphyxia; respiration hurried and laborious, face bathed in perspiration, expression anxious, grayish-white coat on the tongue, pulse 120. The left thorax was found distended, painful to pressure, murmur suppressed, and *percussion yielded a dense, clear tympanitis from diaphragm to fifth rib*. This percussion resonance differs from that of pneumothorax, or flatulent stomach, as a chord of a viol, when tuned, differs from that of the same instrument when slackened.

Mr. Bonfrey, of Collinsville, Conn., was first attacked with rheumatism of the right leg, attended with extensive œdema and neuralgic pain. When this subsided, there resulted bronchial irritation and œdema of the left lung. Tonics and stimulants were followed by metastasis of the irritation to the limb again, with renewed violence. This demonstration was followed by œdema of the same lung, but no bronchitis. Sixteen days after this, Dec. 27, 1860, the following notes were entered: left thorax instead of deadness, as at previous date, gives a *loud and sharp percussion*

sound from diaphragm to nipple when recumbent; when erect, a deadness over about three fourths of the same region. Same signs posteriorly, and for the first time he complains of a troublesome pleuritic pain and soreness over the affected part. Long inspiration gives ægophonic gurgling, but no crepitation.

Hardly a doubt can be entertained in regard to the existence of pleuritic effusion in these two cases, yet the tympanitis is not easily reconciled with that pathological condition by many who entertain the general opinion that the lung being wholly or in part submerged, proportionate collapse, yielding percussion deadness, must follow. It remains, therefore, to prove this idea incorrect, and the following simple fact is sufficient. The lungs in a healthy condition, with their appendages entire, forced under water, will not only not collapse, but, thus submerged, will buoy several pounds weight for hours, the truncated end of the trachea being free for the ready exit of latent air. This experiment must force upon us the conclusion that, in pleuritic effusions, when no force of compression is brought to bear upon the lung greater than the gravity of the fluid, collapse and consolidation of the organ does not take place. The superior gravity of the effusion brings it to the most dependent part, which is the posterior wall, when the patient is supine and horizontal, and to the diaphragm when erect. In the former position, the lung is floated to the opposing wall with a force of compression proportionate to the extent of the effusion. The latent air mechanically confined in the cells becomes thus condensed in the same ratio, and the most patent law of acoustics decrees that a sharper toned percussion sound must be expected. This was manifestly the condition in the two preceding cases. In the first, the effusion was so great that, in the erect posture, the fluid so elevated the lung as to close the main bronchial tubes and threaten asphyxia; in the latter, not sufficient for that result, but still enough to give a decided flatness on percussion, when resting on the diaphragm and displacing the lung.

Dr. Wood (*Practical Medicine*, Vol. II., p. 39) gives the following upon pleuritic effusion, bearing upon the question.

"Sometimes, when a small portion of the lung is in contact with the walls of the chest, while the rest is separated from them by effusion, a tympanitic sound is yielded on percussion, which might be mistaken as the sign of pneumothorax or pulmonary cavity.—(*Notta. Arch. Gen.*, 4e Sér., xxii., 437.)"

The difference between this tympanitis and that of pneumothorax and pulmonary cavity increases with the advance of the effusion, the sharp metallic sound being easily distinguished from the cavernous resonance of the latter conditions.

But Dr. Markham, of St. Mary's Hospital, reports the most satisfactory experiments bearing upon these sounds, and I hope I shall be pardoned for making liberal extracts. He says:—

"In the one case, the left lung was found reduced by the pressure

of pleuritic effusion to about one fourth or fifth of its natural size; its lower lobe being *completely*, and its upper lobe *partially* consolidated. In the other case, the *partial* consolidation was general throughout both lungs; it was caused by the effusion within them of the products of inflammation, excited by the rapid and extensive deposition of miliary tubercles. Now, when in these two cases the lungs, thus differently circumstanced as regards the nature of the disease affecting them, were removed from the bodies after death, placed side by side, and percussed, it was observed that the *partially* condensed upper lobe of the pleuritic case, and every part of the lungs invaded by inflammation in the other—especially the posterior parts, where the consolidation was most advanced, and the lungs contained the least amount of air—yielded a remarkably clear percussion sound, which, in both cases, as far as the ear could judge, was exactly alike in its characters." After giving a differential description of this percussion sound, he proceeds:—

"The left side of the thorax of the patient attacked by the pleuritic effusion yielded, two days before her death, a completely dull percussion sound at every part; and the heart was found beating to the right of the sternum. To relieve the great difficulty of breathing, induced by this sudden and copious effusion of serum, a very fine trocar was introduced into the pleural cavity, and about twenty ounces of fluid withdrawn therefrom by the aid of an exhausting syringe. Great care was taken that no air entered into the pleura, and that none did, I am satisfied—having assisted at the operation. Temporary relief was thus afforded the patient; and now, immediately after the operation, on percussion beneath the clavicle, we found, instead of the completely dull percussion sound observed previously, a remarkably loud, clear, tympanitic sound—so marked, indeed, as to lead an observer to suppose that air had found its way into the chest. That there was no necessity for our thus calling in the presence of air to give reason for the sound, we had demonstrative proof after the patient's death, when the body was examined. No air escaped from the pleura, but on puncturing the left thorax a large amount of fluid gushed forth, and when a certain amount had escaped, the partially condensed lung floated forward against the upper and anterior walls, and its percussion now, both within, and when removed from the thorax, yielded a character of percussion sound *exactly similar to that which it had offered during life*, after a portion of the pleuritic fluid had been withdrawn."—(*Monthly Jour. Med. Science*, 1853, p. 173. Selected by Braithwaite, XXVIII., 88.)

The italics are Dr. Markham's, and he concludes that Skoda's assertion that a "partially condensed lung yields a clearer and more tympanitic percussion sound than a healthy inflated lung, is correct."

From these facts, although we are not warranted in the attempt

to overthrow the conviction ripened by a succession of intelligent observations, that pneumonic and pleural effusions yield dullness on percussion, increasing to flatness with the progress of the mischief, yet it may be safely asserted that they are exceptions to the rule; and that the exceptions, thus pointed out, are quite as important as the rule itself, in arriving at an early and demonstrative diagnosis in pneumonia and pleurisy. Dr. Markham's concluding remarks are eminently practical, touching pneumonia:—

"In certain cases of pneumonia, *if not in all*, when the consolidation of the lung has reached a certain stage, *but not yet that of hepatization*, the percussion sound over the affected part, so far from being duller, is *actually clearer than natural*. The error of diagnosis into which a misinterpretation of this fact may lead the physician, is manifest enough; it may induce him at a critical period of the disease, viz., when the lung is on the eve of complete consolidation, to prognosticate a commencing return to its healthy condition."

So in pleurisy, let the patient lie horizontal upon his back, and this percussion tympanitis will unerringly herald the first approach of effusion within the cavity, while the dullness and flatness linger to announce only the sorry fact of the partial or complete collapse and consolidation of the lung.

---

#### A SURGICAL CURIOSITY.

[Communicated for the Boston Medical and Surgical Journal.]

FEB. 19, 1861, I was requested to visit N. W., of A., who, I was informed, had been in extreme suffering for ten days, in consequence of some foreign body in his bladder. I found my patient to be a bachelor, aged about fifty years; and from him and his attending physician obtained the following history of his case. About ten days previous to my visit, he had introduced into his urethra a piece of a common tobacco pipe-stem, for the purpose of relieving a strangury, which, the patient said, he had frequently done before; and although he had attached to the end of the pipe a string, yet from some unexplained carelessness, it escaped from his hold, and from subsequent injudicious manipulation, it had found its way, with the pipe-stem, into the bladder.

The scrotum and penis were enormously enlarged, and their whole surfaces, as well as those of the adjacent parts, had become very much discolored: they were evidently infiltrated with urine, and from a minute opening near the perinæum there was a constant weeping of that fluid.

The pulse was feeble, and the patient was completely prostrated from the long-continued suffering he had undergone—he having resisted the oft-repeated recommendation of his medical adviser to send for counsel, in reference to an operation.

Upon introducing a sound into the bladder, the piece of crockery was detected, but appeared to be immovable; and as no other course appeared to be left, it was determined to subject him to the usual operation of lithotomy. With the assistance of Dr. Field of Bangor, and Dr. Bachus of Amherst, the patient was brought under the full influence of ether, and secured in the usual manner. The bladder was then reached by the median (Allerton's) operation, and upon the introduction of the finger, it was found that one end of the pipe-stem had penetrated the left side of the bladder to the extent, as I afterwards discovered, of two inches. Fearing that if I crushed the pipe, it might break outside of the coats of the bladder, beyond my reach, making the case a much more desperate one than it even then was, I concluded, at the risk of wounding the opposite side of the bladder, for the cyst was empty and contracted, to attempt to withdraw it entire. Holding the *stem* by a pair of slender ball forceps in one hand, I was enabled, by the alternate motion of that and the finger of my other hand, pressed against the inside of the bladder, to relieve the *stem* from its fixed position and remove it. It was of large size, being 1 1-4 inch in circumference, and 3 1-8 inches long.

I was surprised at the ample room which this new mode of operating afforded; and I have no doubt that a very large calculus could have been readily extracted. The infiltrated parts were scarified, and the false passage was traced to the middle of the urethral canal, the coats of which were found to be torn, and in a state of sphacelation. An elastic catheter was introduced, and intended to be kept in the bladder for some days, to prevent any accumulation of urine from taking place. The patient was then placed in bed with pillows under his knees, and an opiate given. From the wound in the left side of the bladder, and the probable escape of the urine into the peritoneal cavity, a favorable prognosis could hardly have been anticipated; but the result has shown us how wonderfully active the curative powers of Nature are in protecting the body from the complicated lesions of injuries, especially when assisted by judicious treatment. For this latter aid, the sole credit is due the attending physician, Dr. Bachus, who writes me that although much of the integuments of the scrotum and adjoining parts have sloughed off, yet the wound is granulating rapidly; the patient's general health is good; his appetite is keen; he is free from any constitutional irritation, and "his entire recovery is now beyond a doubt."

The singularity of this case is enhanced by the fact, that it is the second of the kind that has occurred in the same vicinity within a few years—Dr. Rich, of this city, having successfully extracted a leather string from the bladder of another bachelor, a few miles distant from the subject of this case; but whether this apparent enemy depends upon moral, *celestial* or physical *miasm*, we will leave for speculative philosophers to determine.

*Bangor, Me., March, 1861.*

DANIEL MCRUER, M.D.

## SINGULAR INJURY FROM A CIRCULAR SAW.

[Read before the Boston Society for Medical Improvement, March 14th, and communicated for the Boston Medical and Surgical Journal.]

By SAMUEL C. CABOT, M.D.

MR. TINKUM, 41 years of age, twelve years ago froze the surface of both eyes, when riding on a very cold day in an open sleigh. The sight of one of them was restored perfectly; the other, the left, was left with a central cicatrix on the cornea. Jan. 3d, while standing about twenty feet from a circular saw, which was cutting a piece of damp lumber, he was struck on the right side of the head by a piece of wood, thrown off by the saw, which measured 22 inches in length,  $3\frac{1}{2}$  inches wide at the butt, and tapered to a point. He was knocked senseless to the floor, and blood flowed from the nose, mouth and outer angle of the right eye in considerable quantity. Dr. John Flint saw him soon after the receipt of the injury, and could discover no wound, except what appeared to be a very trifling one at the outer corner of the right eye, within the commissure of the lids. After he recovered his senses, he had considerable pain in the right side of the head, and was unable to open his mouth. For some time he was in a depressed condition, and suffered severe paroxysms of pain in the right side of the head, which, however, gradually diminished in frequency and severity, as his general health and strength improved. A purulent discharge was observed to escape from the corner of the right eye, and that side of his head remained much swollen.

Dr. Flint called me to see him, Feb. 3d. I found a considerable swelling on the right side of his head, extending from the temple back to a point above the ear, where the prominence was quite marked and abrupt, and on pressing upon this prominence I thought I observed a slight yielding, and supposed that a portion of the skull had been fractured, and that it was being detached and in process of elimination. As his health was improving, and there seemed to be no immediate need for surgical interference, I advised to wait and allow more complete loosening to take place. On the 12th of February, I saw the patient again, with Dr. Flint, and on making an opening over the most prominent part of the tumor, above the ear, and introducing my finger, I felt what I at first supposed to be a piece of loose bone, but on pulling it out, which I did with some difficulty with a pair of long-jawed tooth forceps, I found it to be a piece of wood, and on following up with longer forceps, I continued to extract pieces from under the temporal muscle, and down under the zygomatic arch, until they amounted to what I here show. The largest piece measures 2 inches in circumference,  $1\frac{1}{2}$  inches in length, and  $\frac{3}{4}$  of an inch in its largest transverse diameter. I found that there was a hole through the outer wall of the orbit, at about the junction of the upper part of the orbital process of the malar bone and the lower part of the orbital process of the frontal bone, through which the wood



must have passed, and then impinging on the under side of the zygoma, it split in pieces, part going straight back behind and beyond the temporal muscle, and part turning down, and remaining behind the zygoma.

I think no one who had seen this man, would have imagined that it could be possible for such a large piece of wood to have got through what appeared so insignificant an opening as the external wound presented, and more especially, without crushing the eyeball in its passage. I should have sooner mentioned, that though the eye showed some inflammation of the iris to have occurred, as shown by an irregular pupil, and also some commencement of opacity of the lens, or of its capsule, still it was much less than one could have supposed possible from such an injury. Mr. T. could see somewhat with the injured eye, at the time of my operation upon him. The external shape and appearance of the ball did not show any mark of injury, except the apparently trifling opening between the ball and outer angle, through the conjunctiva. It seems strange that the wood did not pass down into, and through the orbit, and thence into the brain, instead of forcing its way through a strong bone, at an angle to its surface so acute as this seems to have been. It must be accounted for by the great velocity at which it was propelled. Mr. T. has entirely recovered from the effects of his injury, so far as pain and general symptoms are concerned, but his eye, I fear, will never be of any use to him; and there is still a slight discharge from the wound.

---

### Reports of Medical Societies.

---

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 25th.—*Diphtheria*. Dr. H. J. BIGELOW remarked that at a previous meeting of the Society he had commented upon the variety of lesion and tendency which had characterized the various epidemics of diphtheria as recorded by various writers. Among these are *endemia*, fatal and seemingly poisonous depression of the system, contagion, false membrane in the throat and elsewhere, and even rash. When an epidemic of this general type was known to prevail, he considered it fair to refer lighter cases of sore throat, &c., to the same prevailing influences, and for convenience to use a common name to group them, although the type might vary a little. On the other hand, if a precisely similar, but sporadic, case occurred when no epidemic prevailed, he should not so group it. As an instance in point, Dr. B. cited the case of a lady in Worcester, who, about eight years ago, died, immediately after nursing her child, from strangulation by a flap of false membrane in the larynx, as in the case of Dr. Adams, she having been out four days previously. This case he at the time considered to be one of adult croup. Dr. B. referred to his remarks before this Society about a year ago, suggesting that the type of croup, now not



unfrequently relieved and cured by tracheotomy, might prove to be of a different character from that, which, a few years back, proved so frequently fatal after operation.

JAN. 28th.—*Cerebral Symptoms following Indigestion.* Dr. MORLAND read the following account, furnished by Dr. J. D. MILLER, U. S. N., of the Navy Yard, Charlestown, Mass. The patient had formerly sustained a fracture of the skull, and his case was reported to the Society, March 26th, 1860. This lad's health having been, to all appearance, fully re-established two months after the injury, he was sent, during the last summer, to the Military School at Norwich, Vt., where, on the 26th day of November last, he had an attack described as follows:—On that day he had dined heartily on roast pork and mince pie; and it is also stated that he had been smoking strong tobacco, in a pipe, for some time previously. That night, between 8 and 9 o'clock, he was found in his room, by a brother cadet, sitting in a chair, with his head upon the edge of the table, and totally unconscious. The physician who was called, Dr. Crosby, of Hanover, N. H., gives the following account:—

"The face was flushed and hot; the pupils dilated nearly to their full size, but contracted feebly under a strong light. The arteries about the head and neck full and bounding; the breathing stertorous, and the mouth and fauces filled with mucus. He was entirely unable to swallow, and so fully unconscious as to be passive in my hands. He was having a convulsion every half hour, and involuntary discharges had occurred from both the bowels and bladder. The pulse was rapid, but wiry. I bled him, in a sitting posture, from the arm, to the amount of a quart. The pulse softened, but there was no sign of returning consciousness. I forced the jaws apart, and introduced several powders of antimony—one grain each—in succession, spreading it far back on the tongue. I also administered two ounces of spirits of turpentine, by injection, using molasses as a vehicle. So far, nothing seemed to have been of any avail; there were no signs of returning consciousness, and the convulsions began to recur with greater frequency. I spread three drops of croton oil on the tongue. The antimony had been continued at intervals, and, at length, he vomited, ejecting his dinner undigested, the raisins of the pie being whole. The convulsions, however, continued with increased frequency. Thinking it important to control them, if possible, I administered chloroform, and kept him under its influence two hours. At the end of that time, I had the satisfaction of seeing no more convulsions, and also observed that he was inclined to make resistance when disturbed. During the attack, mustard was freely applied to the nape of the neck and extremities. A strong decoction of tobacco was applied to the spine as long as the convulsions lasted. About 5 o'clock, A.M. (eight hours after the treatment commenced), he swallowed a little water, for the first time, and the croton oil produced a free discharge from the bowels. Soon afterwards, he called the name of a companion, in a thick, indistinct voice. At 8 o'clock, he seemed to recognize his friends somewhat, but remained in a partially unconscious condition during the day, with the pulse 140, hot skin, restlessness and thirst. He continued taking small doses of antimony during the day and night. He also took, during the day, three Seidlitz powders, and, at night, camphor, hyoseyamus and valerian. He rested quietly, and,

the next morning (thirty-six hours after the attack) had a cool skin, a pulse of 80, and no uneasiness about the head. His tongue was heavily coated, and had been severely bitten during the convulsions. No untoward circumstance occurred subsequently, and he returned home on the eighth day after the seizure."

It is only necessary to add that he remained at home until about the 18th instant (January), regained his usual health and appearance, and then returned to the school at Norwich.

JAN. 28th.—*Severe Injury of the Great Toe; its Aggravation from Applications made by the Patient.* Dr. MORLAND reported the case.

Edward Casey, a laboring man, 50 years old, had the right great toe frozen, in February, 1856. A short time afterwards, an ox trod upon it, and crushed it badly, separating the nail. A year subsequently, a cow trod upon the same toe, lacerating it severely; and, in 1858, another cow repeated the process. There is no reason to doubt the accuracy of these statements, made by the patient—who was at the time employed upon a farm—nor his account of his management of the case.

After the last injury was received, the inflammation and pain in the part were so great, that five or six leeches were applied, with but slight relief, according to the patient.

When first seen by Dr. M., the toe was swollen to double its natural size; the entire ungual surface presented a mass of dark-colored, flabby granulations, overlapping the borders of the sore, and in the centre was a sloughy mass, exhaling a peculiarly nauseous, fœtid odor. Yeast-poultices were applied for some time; and when the slough separated, simple poultices of bread and water, or water-dressing with lint; and the granulations were repressed by the use of the nitrate of silver. Under this treatment, the sore is rapidly healing.

By questioning the patient, the reason of the long continuance of the diseased state was ascertained. In addition to the severity of the injuries received, and their frequent repetition, the most irritating applications had been almost constantly made to the wounded surface for three years. The following list of articles thus applied, furnished by the patient, Dr. M. believes to be entirely correct:—"Russia salve; balsam; rosin; alum; eggs; lye-water; ashes and water; pitch; tar; guano; spirits of turpentine; burning fluid; tobacco; wax; rum; saltpetre; hen-dung; dry ashes; spiders; soap; Venice turpentine; vegetable tincture and eye-water."

FEB. 11th.—*Hæmorrhage from the Umbilicus.* Dr. W. E. TOWNSEND reported the following case.

The child was a female, born Saturday, Nov. 24th, A.M. She was very quiet, inclined to sleep most of the time, and was frequently obliged to be wakened to be nursed. Color always good. Mother reports no appearance of red gum, and that the discharges were never of a proper color, but always white, and like soft putty. On the fifteenth day after birth, a small spot of blood was noticed on the band, but as the remnant of the cord had come away at the proper time, and the part had well healed, nothing was thought of it. On the morning of the sixteenth day, another spot was noticed, and about noon decided bleeding from the navel commenced. I saw the child about 2, P.M. It was then pale and somewhat yellow, though not decidedly so. I applied lint wet with perchloride of iron, a compress and a bandage;

but these means did no good, and the infant died about 9, P.M., or in about nine hours after free hæmorrhage commenced. Urine of good color, not red or bloody.

FEB. 25th.—*Calculus, partly Siliceous, from the Kidney of a Sheep.* Analysis reported by Dr. BACON.

This calculus was presented to the Cabinet of the Boston Society for Medical Improvement by Dr. Jeffries Wyman, and is numbered 645 in the published Catalogue. It has a triangular prismatic form, each of the three faces being about three lines broad. The length is seven lines, and it weighs seven and a half grains. One of the faces has a peculiar pearly and semi-metallic lustre, similar to the siliceous calculus from the urethra of an ox, exhibited at the meeting on July 23d, 1860. The interior, so far as exposed, is made up of several well-defined layers, varying from grey to a whitish color. Its texture is friable, but the particles are hard enough to scratch glass.

The calculus is composed of silicic acid, carbonate of lime, carbonate of magnesia and organic matter. In the portion analyzed, the silica forms, as nearly as can be determined with the small quantity at command, 50 per cent. of its weight. It retains the form of the fragments submitted to analysis, when the other constituents are removed.

In the tube-vial with the calculus are fragments which have been boiled in nitric acid, and then ignited to burn off the remaining traces of organic matter from the siliceous residue.

FEB. 25th.—*Polypi of the Large Intestine.* Dr. CHEEVER showed the specimen, which came from a female, about 60 years of age, who died of typhoid pneumonia. She had been under observation for three years previous to her death, and had complained of no symptoms but those of pneumonia. The right lung was found to be hepatized. The œsophagus had two bright cranberry-colored discolorations, but no ulceration. The splenic artery was aneurismal, and had several calcified spots in its coats. There was a diverticulum at the lower part of the ileum.

There were *six* or *seven* polypous tumors in the large intestine, two of which were in the cæcum, and the rest in the ascending colon. The largest was of the size of an English walnut, with a long pedicle, and slightly blackish in appearance. All the tumors had pedicles, from one to two inches long. No other morbid appearances.

Dr. JACKSON remarked that the splenic artery is peculiarly liable to become ossified and aneurismal, a fact which is not stated by pathologists. Perhaps the disease is sometimes mistaken for phlebolites; there is a specimen of it in the College Cabinet, which was sent under the name of phlebolite of the splenic vein.

### **Medical Reports from the Mass. General Hospital.**

PREPARED BY ROBERT WARE, M.D.

CANCER OF THE UTERUS IN A PATIENT AGED 21 YEARS. (Under the care of Dr. MINOT.)—Bridget K., 21 years, unmarried, an Irish servant, resident at Stoneham, entered Sept. 6th, 1860. Patient is of pale, but not sallow complexion, somewhat emaciated, and states that

she "believes" her mother died of a "tumor in the breast," while she herself was very young. Her own health has always been good till about eight weeks since, when she was attacked rather suddenly, and without known cause, with chills, vomiting and diarrhœa, and with pain in the back and abdomen. The vomiting and diarrhœa have continued till the present time, and within three days she has noticed blood in the stools; the vomiting occurs chiefly in the morning; the catamenia have been regular till about eight weeks ago, since which time they have not appeared; she has been confined to the bed for three days; she noticed a tumor in the lower part of the abdomen eight weeks since, and was at that time told by her physician that it must have been growing for some time. On examination, the pelvis is filled by a hard, large, slightly movable tumor, which reaches within two inches of the umbilicus, extends rather higher on the left than on the right side, and is flattened on its superior surface. The vagina is almost completely filled by a hard, irregular tumor, which appears to spring from the fundus of the vagina, and to which any motion of the tumor in the abdomen is distinctly communicated. Its surface is covered with warty projections, and no os or cervix uteri can be distinguished by the touch. With the speculum, its surface is seen to be very uneven, granular and bleeding, and no os uteri can be distinguished; a large number of granulations occupy the upper and back part of the vagina; the substance of the tumor is soft, and can be scraped up with the finger nail. After microscopic examination of the matter thus removed, Dr. Ellis reported "that it is composed of corpuscles of various sizes, some of which resemble those of pus, while others are much larger, many of the latter having a lobular arrangement, but unlike that of glandular growths. This may be merely a mass of granulations."

At the time of her entrance, she suffered much from vomiting and pain in the lower part of the abdomen and back; she had very frequent discharges from the bowels, and the stools were often bloody and accompanied by tenesmus; the urine was high-colored, was passed with pain, and, at times, involuntarily. She got some relief from opiates and the occasional administration of castor oil; the dejections were less frequent, and she slept better than on entrance, but pus was noted in the stools on Sept. 23d, and the vaginal discharge became quite offensive; she failed in strength, and, at her own request, was discharged, "not relieved." Oct. 1st.

PLEURISY. DEATH FROM ERYSIPELAS. (Under the care of Dr. SHATTUCK.)—John G., 40 years, an unmarried, laboring Irishman, resident of Boston, entered November 16, 1859. Patient states that his health is usually good, and that he is in the habit of drinking four or five glasses of liquor daily. He has been sleeping in a very damp cellar, and was ailing with cough and feverish symptoms for two or three days before he gave up work. He has been in bed since the 9th; has suffered from considerable pain in the right side of the chest; has had no medical attendance. On admission (eighth day of the disease?), decubitus on the left side or back; skin hot and dry; tongue thickly coated; pulse 120, respiration 30, short and hurried; still has pain in the right side, increased on pressure or full breath; expectoration scanty, frothy; the bowels were moved on the 15th; the percussion is dull over the lower right back and below the right nipple in front, somewhat resonant in the right supra-spinous fossa, and nor-

mal at the upper part of the right front; the respiration is absent at the base of the right back and below the nipple in front; bronchial respiration and bronchophony at the right supra-spinous fossa, and some coarse râle in the axilla. Hot turpentine stupes were applied to the side; he was ordered of the syrup of squills, of the fluid extract of dandelion and of the sweet spirits of nitre, each half an ounce four times in the day; he was put upon a liquid farinaceous diet, and "life everlasting" was given in decoction.

9th day.—Pulse 104, regular, small and rather strong; face flushed; skin moist; tongue clean at tip; expectoration consists of viscid, semi-transparent mucus with a little serum. R. Pulv. Dovr. grs. vi., every four hours. Beef tea.

10th day.—He passed a wakeful and delirious night, and became very noisy when restraint was imposed. He was ordered ten grains of Dover's powder every two hours till four doses were taken, and to take milk and beef tea as he wished.

11th day.—He took the powders four times, and slept four hours this morning; the respiration was very bad on awaking; has taken two quarts of milk and a pint of beef tea in 24 hours; skin soft; pulse 116, small; erythematous redness over the right fore-arm and inside of the left thigh; percussion dull below the spine of the right scapula, and below the nipple; respiration feeble, with sibilant and sonorous râles at the angle of the scapula, and bronchial at its inner edge and below the spine; the murmur is feeble, and mixed with some sibilant râle at the lower right front. Sulphate of iron in solution was applied to the arm, and ten grains of Dover's powders were given every four hours.

12th day.—Has been very restless, but has had some disturbed sleep; has taken three quarts of milk and a pint of beef tea; a large vesication has appeared on the arm; tongue dry, and protruded with difficulty; feet cold. R. Spt. ether c., ʒij.; spt. ammonia aromat., gtt. x.; elix. opii., gtt. xx. Mix. To be taken every three hours. He failed through the day, and died at midnight.

The autopsy, by Dr. Ellis, was necessarily hurried, on account of the darkness. The left thigh and right forearm were swollen, and pus followed an incision into the upper part of the thigh; the tissues of the arm were œdematous. Five pints of serum were found in the right pleural cavity; at the bottom was nearly a pint of soft, yellow material, which, under the microscope, presented the usual appearance of coagulated fibrine, and contained corpuscles like those of degenerating pus; the lower lobe of the right lung had the usual firm fleshy character resulting from compression; extensive congestion of the posterior part of the left lung. Other organs not remarkable.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON: THURSDAY, APRIL 4, 1861.

"DE LA PELLAGRE SPORADIQUE." Par H. LANDOUZY, *Professeur de clinique interne et Directeur de l'Ecole de Médecine de Rheims, &c.*—The singular disease known as Pellagra is quite commonly supposed,  
VOL. LXIV.—No. 9B

in some parts of Europe, to be caused by an exclusive diet of Indian corn, or a diet into which it largely enters, and to be confined to certain portions of the Continent. This opinion has lately been maintained in a discussion at Paris. One would suppose, if it be correct, that America might furnish, occasionally at least, specimens of the disease among the poor of those districts where maize is so generally used as the chief farinaceous element in the food. As yet, however, we have never heard of a single case of pellagra in this country. Perhaps it may have attracted the attention of some of our correspondents at the South or West; if so, we should be glad to hear from them.

Prof. Landouzy has published four very interesting articles on *sporadic* Pellagra, in the July, September, October and November Numbers of the "*Archives Générales de Médecine.*" His conclusions are the following:—

1. Sporadic pellagra, although scarcely mentioned in the most recent medical treatises, occurs at Rheims, at Paris, and probably throughout the country.

2. Sporadic, like endemic pellagra, is characterized by certain cutaneous, digestive and nervous lesions, appearing either singly, simultaneously or successively. These show themselves almost always in the spring.

3. Sporadic pellagra is very often not recognized on account of its resemblance to many other morbid conditions, but especially from the errors existing as to its etiology.

4. Sporadic pellagra will cease to be considered a rare disease after it has been perfectly described by practitioners, and the ideas concerning it are cleared of the hypotheses which obscure them.

5. Sporadic, like endemic pellagra, occurs in those localities where the maize is entirely *unknown*, and it exists in all its different degrees in those persons who never have eaten this grain. It occurs equally where cereals that are spoiled are used for food, where poverty exists, and where there is exposure to the direct rays of the sun.

6. Sporadic pellagra, endemic pellagra and pellagrous mania, are identical affections. The would-be differences that have been made between the pellagra as it occurs in those countries where the maize is grown, as it occurs in the centre of France, and as it occurs in other countries, are merely differences that may be observed in any other diseases whether sporadic, endemic, hereditary, or produced by toxic agents.

7. The anatomical alterations which take place are lesions in the stomach and intestines, and softening of the spinal cord.

8. The intimate cause of pellagra is unknown. Its principal exciting cause is exposure to the sun. Its principal predisposing causes are, its existence in the parent, poverty, bad nourishment, the depressing passions, mental derangements, particularly insanity and melancholy.

9. The diagnosis rests principally upon the periodic return in the spring, of the three special forms of the disease, often occurring together, impossible to mistake when so doing, but very difficult to recognize when existing alone.

10. The prognosis should be guarded; for whatever may be the severity or the nature of the symptoms, either form of pellagra may be

quickly fatal, however mild its commencement, or be followed by complete convalescence, however severe its first appearance.

11. Besides the treatment for special symptoms and the avoidance of all debilitating remedies, we must employ a good hygiene, nourishing diet, free bathing, and the general alteratives.

Towards the end of winter a careful regimen must be particularly insisted upon, also the use of the preparations of quinine and protection against the influence of the sun.

B. J. J.

COLLODION AS A TOPICAL APPLICATION IN PHLEGMASIA DOLENS.—We translate the following case from the *Journal de Medecine de Bordeaux* of January, 1861. The case is interesting as showing a speedy recovery from a dangerous and very painful disease without recourse to the powerful means which have been so freely employed against it. As to the efficacy of the means employed, we will only say, that it may have been used just at the moment when the disease was about undergoing resolution, although we have no wish to question its efficiency. Pressure by bandages has been found of great relief, sometimes, in these cases, and the method here recommended certainly has the advantage of any bandage.

This disease is rather rare. In the course of a long practice we have seen but two cases; and in the course of thirty-six years, Dr. Robert Latour, to whom we are indebted for this note, has seen it but four times. The last occurred quite recently. The prompt resolution of this attack convinced this gentleman of the favorable action of the remedy employed.

A young lady, twenty years of age, on the tenth day of her second confinement, the first having been perfectly normal, was allowed to sit up. The next day, the left thigh had become greatly swollen, and could not be moved without pain. For three days she found no relief. At that time the swelling, which had become very great in the thigh, had continued down the leg to the ankle, stopping at the foot. The tumefaction, color and heat of the limb, the pain on pressure and on the least motion, the fever, burning thirst, and distressing sense of anxiety, fixed the character of the disease. Dr. Robert preferred to emollient fomentations, mercurial inunctions and purgatives, the method of isolation; to which he attributes a special efficacy in the treatment of inflammations. Hardly had a coating of *collodion crême* been applied to the limb when all extension of the inflammation upward ceased; and within two hours the patient declared herself relieved. The following day, the heat was reduced and some motion was possible. The swelling remained, but the inflammation was diminished. The foot alone, which had not been covered with collodion, was swelling. This omission was repaired, and on the second day after there was no pain in handling the limb or on motion. The limb still remained stiff, but on the seventh day of treatment it had returned to its normal condition, and the doctor received a call from his patient at his own house. During the whole course of her sickness, being kept on moderate diet, she was able to nurse her infant.

MESSRS. EDITORS,—From the evident connection which has been traced between the present epidemic of that which is now called “diphtheria,” and the “throat distemper” which prevailed in New England towards the middle of the last century, I thought it might interest your readers, non-medical as well as medical, to read the following extracts from the almanac and private memorandum-book of Paul Dudley, Esq., of Roxbury, which is now in my possession.

Paul Dudley is the gentleman who gave the money to Harvard University to establish the annual lecture known as the “Dudleian Lecture.”

Respectfully yours,

15 Chestnut St., March 18th, 1861.

B. JOY JEFFRIES, M.D.

"1740.—January 8th. Measles continue in many towns.

"February 5th to 28th. Measles prevail in many towns and the throat distemper yet in the land.

"June? The throat distemper got to Cambridge. Several died, particularly Madam Holyoke.

"July. The Commencement put by this year by reason of the throat distemper at Cambridge. The President's lady died of it the latter end of June.

"November (first part). The throat distemper in many parts of the Province, and very mortal."

Frequent mention is made throughout the whole year of the severity and "unseasonableness" of the weather.

**MEDICAL COMMENCEMENTS.**—The fifty-fourth annual commencement of the Medical School connected with the University of Maryland, took place on Saturday, March 2d. Degrees were conferred on 63 graduates. Prof. William A. Hammond delivered the valedictory address to the graduates.—The annual commencement of the Virginia Medical College was held on Tuesday, March 5th. The valedictory address to the graduates, who were 59 in number, was given by Prof. James H. Conway.—At the Baltimore College of Dental Surgery, the annual commencement was held on the evening of the 26th of February. There were 29 graduates.—At the Maryland College of Pharmacy, five students received diplomas at the commencement, on the 1st of March.—The commencement of the Savannah (Ga.) Medical College took place March 1st, and 14 graduates received their degrees.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 30th, 1861.

##### DEATHS.

	Males.	Females	Total
Deaths during the week, . . . . .	39	45	84
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	40.9	34.7	75.6
Average corrected to increased population, . . . . .	..	..	84.3
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
14	1	3	6	0	1	0	1	0

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	30.052	Highest point of Thermometer, . . . . .	53°
Highest point of Barometer, . . . . .	30.464	Lowest point of Thermometer, . . . . .	24°
Lowest point of Barometer, . . . . .	29.700	General direction of Wind, . . . . .	W. & S.W.
Mean Temperature, . . . . .	42°·3	Am't of Rain (in inches) . . . . .	0.0 8

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 585.

	BAROMETER.				THERMOMETER.				SNOW & RAIN.		Mean Amount of Cloud. 0 to 10.
	7 A.M.	2 P.M.	9 P.M.	Mean Height.	Highest Point.	Lowest Point.	7 A.M.	2 P.M.	9 P.M.	Mean Height.	
Monday, March 18,	23.79	23.68	29.60				13	27	34		
Tuesday, " 19,	29.53	23.54	29.62				26	37	24		
Wednesday, " 20,	23.58	23.56	29.62				20	21	19		
Thursday, " 21,	22.66	29.60	29.47				16	39	33		
Friday, " 22,	23.25	29.06	28.94				34	48	51		
Saturday, " 23,	29.09	29.23	29.48				22	35	26		
Sunday, " 24,	29.69	29.52	29.51				21	46	47		

**DEATHS IN BOSTON** for the week ending Saturday noon, March 30th, 84. Males, 39—Females, 45.—Accidents, 2—apoplexy, 1—asthma, 1—disease of the bowels, 1—inflammation of the bowels, 1—congestion of the brain, 4—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—consumption, 14—convulsions, 4—croup, 1—debility, 2—dropsy, 4—dropsy of the brain, 2—erysipelas, 1—scarlet fever, 3—typhoid fever, 1—gangrene (of the foot), 1—hemoptysis, 1—disease of the heart, 5—infantile diseases, 4—jaundice, 1—disease of the liver, 2—congestion of the lungs, 2—inflammation of the lungs, 6—old age, 2—paralysis, 1—smallpox, 1—disease of the spine, 1—sore throat, 1—suicide, 1—tumor of the stomach, 1—unknown, 7.

Under 5 years of age, 36—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and years, 12—above 60 years, 10. Born in the United States, 62—Ireland, 21—Germany, 1.